DOCUMENT RESUME

ED 251 727 CG 017 855

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TITLE The Support Systems of Aging Widows: A Review of Research and Educational Implications.
PUB DATE 27 Apr 84
NOTE 33p.; Paper presented at the Annual Meeting of the American Educational Research Association (68th, New Orleans, LA, April 23-27, 1984).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Aging (Individuals); *Educational Needs; *Females; Individual Needs; Intervention; Literature Reviews; *Older Adults; Self Concept; *Social Support Groups; *Widowed

ABSTRACT

This paper reviews the literature on the support systems of aging widows from an ecological perspective which includes personal resources, current assets as resources, and personal and group relationships. In the section on personal resources, research in the areas of the self, education, age, and race is reviewed. In the section on current assets, studies on widows' living arrangements, health, and economic support are explored. In the section on personal and group supports, the research on family, kin groups, friends and neighbors, and community supports is reviewed. Implications for education are discussed based on the literature review, including education on death and widowhood, and an increased feminist awareness. Interventions are proposed which emphasize the possibilities for change, especially in the area of widows' self-concepts. Recommendations focusing on the need for an ecological perspective, and self-help approaches to educating older widows are proposed. (BL)

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THE SUPPORT SYSTEMS OF AGING WIDOWS: A REVIEW OF RESEARCH AND EDUCATIONAL IMPLICATIONS

Paper presented at the 1984 Annual Meeting of the American Educational Research Association (AERA), New Orleans, Louisiana, April 27, 1984

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As demographic patterns continue in the direction of an older population, there has been increasing attention paid to the existing support systems (e.g. economic supports through Social Security payments, and social supports such as children and relatives or friends and neighbors, etc.) which are available to sustain this group of aging older adults (approximately 65 years of age and older). There are, of course, many categories of older adults to whom such concern by researchers and policy-makers has been addressed including the general category——older adults. One significant subset of this general population of older adults which has remained somewhat "invisible" is the aged widow. The status and problems of aged widows have, to some extent, been camouflaged by the more general concern with older adults. This lack of recognition is not surprising in light of the historical pattern, now being partially reversed, of minimizing the status of women at all levels of human development (e.g. working women, divorced women, displaced homemakers, etc.).

The rather peripheral and tangential treatment of aging widows is in direct contrast to the centrality of the aged widow to the population and problems of aging adults. For example, the percentage of women who are widowed increases from approximately 20 percent in the 55-64 age bracket to over 70 percent for women 75 years of age and above (U.S. Bureau of the Census, "Marital Status", 1982) (see Table 1). As of 1982, over 10.1 million women in the United States over the age of 18 were widows (U.S. Bureau of the Census, 1983). Some 6 million of these were over the age of 55. By way of comparison, there were only 1.7 million widowers aged 55 or over. This is a ratio of about 4 widows for every 1 widower (Heinemann 1982; Lopata 1979). Therefore, the status of widowhood is a

prominent feature in the landscape of older adulthood. The lack of recognition of this fact has contributed to the rather sparse data on aged widows and their support systems (see Table 1).

Table 1. Widows in the United States

Age Group	% Widows
20-29	0.4
30-39	1.3
40-54	6.4
55-64	20.5
65-74	42.6
75+	68.2

The Support System of Aging Widows

Widowhood among the aged is an important transition which usually involves some degree of both social and personal disorganization. Prior status and roles are lost; widowhood is often associated with grief, loneliness, loss of life satisfaction, low morale, income inadequacy, increased rate of physical ailments, mental illness, and even suicide (Arling 1976b; Atchley 1975; Bock 1972; Conroy 1977; Kivett 1978; Matthews 1979b; Ward 1981; Wenz 1977). Wenz (1977) found that the widowed are more isolated, anomic, and more likely to commit suicide than any other subgroup of people in society. In order for this group of people to establish a satisfactory adaptation to this new situation, the most frequent suggestion is that they develop new relationships where possible, and reorganize current activities. Furthermore, the success of

this transition process largely depends on the adequacy of supportive relationships that are available to the widow (Arling 1976b; Bankoff 1983; Ferraro 1982; Lopata 1972, 1977).

These support systems include such significant factors as the widow's own personality and self-concept, family and kin networks, health, income, neighborhood relationships and friendships and, in some cases, participation in educational, community, or religious organizations. These relationships and characteristics constitute the support systems which help the individual to maintain a satisfactory self-concept by providing alternative patterns of roles and relationships.

The Ecology of Widowhood. It seems appropriate to categorize these support systems into an ecology of widowhood involving three groups of resources (resources here are defined as the people, institutions, or roles which provide the economic, social, or emotional support to the widow). 1) Personal Resources. This first set of resources contains all the attributes, abilities and skills of the individual widow——age, length of urbanization, race, ethnic background and education level, self-esteem, sense of competence, locus of control, and sense of autonomy. 2) Current Assets as Resources. A second set is the current assets which facilitate social involvement——physical health, income, and housing. 3) Personal and Group Relationships. The third set of resources includes all the personal and group relationships——personal resources such as parents, siblings, in-laws, children, other kins, friends, neighbors, co-workers, as well as community resources such as members of helping professions, educators, ministers, rabbis, priests, doctors, lawyers, social workers. This third category includes social

supports such as social role-expectations of the widow, or economic supporting groups such as the Social Security Administration.

This "ecological" approach to the study of widowhood is beneficial for the widow and for the educators and policy makers in identifying the sources of problems for this group of people. As we shall see, such perspective can help to develop or organize resources for meeting the needs of aging widow. First, we will briefly review the literature on how effective these various personal/social networks are in supporting widowhood. We will then consider some of the implications of these findings for public policy and educational programs.

Personal Resources

The Self. Previous research has demonstrated that damage to the self concept often accompanies widowhood. The extent and duration of this damage are largely affected by the intensity of involvement with the deceased. A repeated finding is that the elderly, whether widowed or not, must cope with a series of physical and social losses (Crain 1980). The elderly widow, in addition to the many adjustments that the elderly have to make, must face the task of building their own identity as a single person once the spouse is gone. Some rather pointed first person accounts of this response are the following comments of aging widows:

> "After my husband died, I felt like one of those spiraled shells washed up on the beach. Poke a straw through the twisting tunnel, around and around and there is nothing there. No flesh. No life. Whatever lived there is dried up and gone" (Caine 1974).

> "Our society is set up so that most women lose their identities when their husband dies. Marriage is a symbiotic relationship for most of us. We draw our identities from our husbands. We add ourselves to our men, pour ourselves into them and their lives.

> We exist in their reflection. And then. . .? If they die. . .? What is left? It's wrenching enough to lose the man who is your lover, your companion, your best friend, the father of your children, without losing yourself as well" (Caine 1974, p. 181).

In the process of identity reconstruction, Lopata (1979) noted three different types: 1) those who try to provide positive self-esteem on their own by increasing their self-reliance; 2) those who try to gain emotional support by engaging more in social activities; and 3) those who admit that they have "no one" to turn to for meaningful relations. How and why these three groups choose their mode of adaptation ——either by preference or because they have no choice——is subject to further research (Lopata 1979). Lopata speculates that some women may be very independent and self-sufficient in marriage and continue so in widowhood. Others find replacements for the late husband, in the form of another man, children, friends and so forth.

The use of self as the source of feelings of independence and self-sufficiency, even security, can have at least two bases (Lopata 1979). Many of the widows define dependence on the self for those feelings in a positive way, presenting a satisfied self- and life image, while others seem bitter over having to draw upon themselves for those feelings of self-esteem; they would prefer to depend on others.

In discussing the positive self-concept of older widows, it is essential to emphasize the <u>reciprocity</u> in the widow's relationship with others. Maintaining a belief in reciprocity, that she is giving as well as receiving, in relationships with others, is one way to escape an image of herself as a valueless, dependent old person. This also helps the widow in maintaining self-identity. Matthews (1979a) cites the following examples of reciprocity:

> "I have to depend on her (daughter) for transportation, but she depends on me an awful lot. I still feel useful because if anybody is sick. . . she gets me to help her. . . I feel I am still needed. . . they will be going to Florida on vaction. . . I'm going to babysit the house, do the watering and take care of the mail. . ."
>
> "I'm a doer for others and not a crier for myself and maybe that's why I have so many younger friends. Because I'll mind the kids. I'll make a dress. I'll do this and that. At the same time, I can call them and say, "My legs hurt me. Can you take me to the bank?" (Matthews 1979, pp. 88-89.)

Matthews (1979) suggests that such examples demonstrate widow's attitudes such as "getting a return on an investment she made in the past," "paying her own way and then some," or "making herself useful and needed." These attitudes of the widow help maintain reciprocity in nonegalitarian relationships. Failure to do so may result in ambivalence about the desirability of continuing the relationship for both parties involved. This may result in cutting off the relationship leading to social isolation of the widow and all the negative impacts associated with it.

Education, Age, and Race. The success of the widow's identity reconstruction largely depends on the personal attributes discussed above, as well as age, race, education and availability of significant others (Harvey and Bahr 1974; Lopata 1979).

Education. Several studies find older inner-city widows disproportionately represented among "the less educated women" (less than a nineth grade education). This lack of formal schooling for many widows has obvious implications for their employability, income level, and, to some extent, their overall adaptation.

Education may influence choice of living arrangements. Widows with less than a sixth grade education are least likely to successfully live alone (where living alone is a possibility) (Lopata 1971; Chevan 1972). Lopata (1971) suggested that those with less formal education may have lacked skills necessary for living alone and may have been the most reluctant to relinquish traditional views of women as dependent persons. Chevan (1972) found that income and education were additive and that widows scoring highly on both of these factors were far more likely to successfully live alone than those who didn't.

For those able and willing, the recent changes in family norms (helped along by the influence of the women's movement) have allowed older women greater choice in matters such as living arrangements and employment. Changes in social norms can, however, be confusing and uncomfortable for some older adults. Lopata (1971) noted that the "very old" in her sample "grew up at a time when women were not equipped to, nor desirous of, living alone" (p. 44). It is important to remember that "older women of this generation are caught between cultural myths about past residential arrangements and the new view of appropriate lifestyles for widows" (Lopata 1971, p. 54). Others may not have the health or resources to even entertain consideration of this issue (Rogers 1981; Chevan 1972).

Amount of education significantly affects the use and development of support systems. The ability to utilize community resources is based, in part, on individual skills developed during socialization and education at home and in school (Lopata 1979). Lopata found many widows lacked a background in urbanized living because of their foreign background, coupled with language difficulties and inferior education. Especially

their significant lack of education——which was not designed to develop personal resources for voluntaristic engagement in a complex social life space——significantly limited their ability to meet the demand of cosmopolitan life of Chicago area (1979).

Age at widowhood can be expected to influence the manner and degree of disorganization of past support systems as well as the content of the new systems developed after adjustment to the new situation (Lopata 1979). Women widowed early in life usually have parents and siblings to fall back on, and, once the period of grief is over, they can often find male companions who provide social supports or even a new husband who functions as part of the household. The younger women, with the exception of the very young, tend to be more educated; age tends to be negatively related and education positively, to complexity of the support system. That is, the old and uneducated women tend to operate in a flat social life space, having few friends and involving few people in their support systems, often highly dependent on their children. On the contrary, younger and better educated women engage in more social activity with more people (Lopata 1979).

There are racial differences as well. White women tend to suffer more economic and social constrictions than do the black widows (Lopata 1979). This is due largely to the fact that such constrictions may already exist for black women prior to widowhood. Generally speaking, the life styles of the black and white women are much more similar in widowhood than they had been in marriage, mainly because of changes in the economic situation of the white women (Lopata 1979). The black widows are involved with fewer people, than are their white counterparts, but they have more intensive contacts with significant persons in their

lives, notably children. Fewer people are involved in their economic, and service support systems and they participate in fewer social activities.

Current Assets as Resources

Living Arrangements. A widow's employment status, income level, and state of health are related to the nature of living arrangements. Employed widows generally enjoy higher income and better health and are less often found to be living with adult children (Rogers 1981; Chevan 1972). Lopata (1971) found that those widows who live with others are mostly younger women with dependent children. For older widows, the lack of sufficient economic resources and/or poor health which may limit self sufficiency and, therefore, prompt the move to an adult child's household (Lopata 1971; Chevan 1972; Rogers 1981). However, in a study of elderly English widows, Bowling and Cartwright (1982) found that there were no significant differences in the health of women who lived alone and those who lived with others, nor were there significant differences in terms of their mobility, or problems particular to their personal care. This tends to raise some questions about the common generalization that women move in with others because of a decline in self sufficiency, although it might certainly be a contributing factor. That many older widows may actually prefer to live alone has repeatedly been substantiated in studies of widows (Lopata 1971, 1979; Chevan 1972; Bowling and Cartwright 1982). This trend of living in single person households has increased dramatically over the years (Chevan 1982) and has been found to be positively related to better adjustment in widowhood (Carey 1977). Lopata (1971) found that her sample of widows gave two basic reasons for

wanting to live on their own: (1) they anticipated problems in living with their offspring or with others and (2) they liked the personal freedom, independence, and sense of control associated with living alone. Chevan (1972) also found that widows preserved their privacy by living alone.

Health. Physical health of widows has been shown to be related to widows adjustment, reported loneliness, and difficulties in mobility, which in turn influence the number and types of activities widows could enjoy (Bowling and Cartwright 1982). The difference between "having something to do" and something the widows "enjoyed" was significant in this regard, and may be related to the frequently reported poor mental health of aging widows (see also Balkwell, 1979, review of the literature pertaining to mental illness).

Age-related physical and mental problems correlate with problems in widowhood (Kitson, et al., 1980), and have been recognized as a compounding issue in investigations of the experience of widowhood (Carey 1979; Heinemann 1980). The most common finding is that health status——both real and perceived——is a central factor along with income of general adaptation in widowhood. Both health and income appear necessary but may not be sufficient (Schlamberg 1982).

Economic Support. Most widows, upon the loss of a spouse experience a reduction of income and a related decline in their standard of living (Bowling and Cartwright 1982; Heinmann 1982; Rogers 1981). Lopata (1979, 1980) and Rogers (1981) found that most widows rely on either their own earnings or their late husband's social security as income. In cases where the widow has few or outdated job skills, employment may be unavailable, unsatisfactory, or both (Heinemann 1982). The election of

Old Age, Survivors and Disability Insurance (OASDI) and retired-worker benefits have been found to bring some degree of welcome relief to most of these widows as they become eligible at the age of 60 (Rogers 1981, Lewis and Berns, 1975). Those widows who had full time employment however, tended to put off the election of benefits until age 62 or older in order not to reduce their standard of living (Rogers 1981; Thompson 1980).

Hyman's (1983) secondary analyses of 1972-1978 National Opinion Research Center data show the median annual family income of widowed white women (age 60-79) as being $3,940. Atcheley (1975) indicated the importance of income adequacy as a factor in adjustment to widowhood, as it is fundamental to the structure of a widow's life situation. Certainly, the advantages of social class are generally recognized as being associated with a variety of benefits such as higher education levels and better health (see Gibbs, 1978). Further, the economic resources widows have to draw upon influence the frequency and nature of activities available to them. Those having financial problems frequently may have to give up activities they enjoyed in order to maintain more fundamental life necessities, and this has been clearly related to adjustment and feelings of loneliness (Bowling and Cartwright, 1982; Lopata 1980).

Lopata (1979) in her study of the Chicago area widows found that they had no economic supports other than the direct income from their own current or past work or that of their late husbands. She also found rather limited financial exchange with other people except in close relationships such as children. However, when encouraged to list contributions of nine major income sources——own wages, rent and sales,

social security insurance, interest and savings, Veteran's widow pension, employee pension, private insurance, public assistance, and other——most widows cannot come up with anything but social security or their own or their family members' earnings, with interest on savings contributing some funds to a third of the women. Thus, Lopata argues that assumptions underlying the initial Social Security Act concerning multiple sources of income of widows and their dependent children are incorrect for two reasons. The first one is that most do not receive much income, and the second, that most of these widows are mainly, or even totally, dependent on social security (Lopata 1979).

Background factors such as race, education, prior work experience and occupational training as well as current circumstances such as age, income adequacy, children at home, and marital status all influence the utilization of income sources. Race makes little difference. Age influences income mainly because it affects the chances of employment: the youngest and the oldest women are often unable to earn an income. The number of dependent children affect the ability of the widow to derive from her own wage.

The education of the widow plays a significant role. With better education, income from social insurance and employee pensions decreases. One fifth of the widows in the 65-plus-years of age group with less than nine years of schooling are totally dependent upon social security, with no other source of income. Lopata (1979) found that education strongly affected the percentages of Americans in general——and of American women in particular——living in poverty.

Interpersonal and Group Support Systems

Family. To the elderly widow, her offspring are of paramount importance (Rosow 1967). They provide emotional support that is not available from other sources. They also contribute to the social supports of the widows, particularly through joint celebration of holidays, visiting and entertaining. The interaction tends to be asymmetrical in that not all children or even all daughters are equally involved. It is within the emotional support system that the children, especially daughters, are supportive, as they are unquestionably the people the widow feels closest to. She enjoys them and they make her feel important. Additional evidence of the importance of offspring in the support systems of aging widows is Lopata's finding that motherhood ranked either as the most important role a woman can perform or the second most important role in a ranking of nine roles (Lopata 1979). Even those who are not accustomed to seeing their children often place great importance on the relationship. "I usually see them (offspring) once a week, but this week I didn't, and when I don't see them once a week, I feel lost. . . . Nobody can take the place of your family. You can fight with them like the dickens, but you don't stay mad" (Matthews 1979a, p. 114).

Lopata (1979) found that most of the Chicago area widows in her sample were economically and residentially independent of their adult children, especially if these offspring were no longer living in the parental home. They were also relatively independent of service exchanges with those who were not part of the household (Lopata 1979). As a matter of fact, widows who were able to support themselves in their own homes reported greater peace, quiet, and independence (Lopata 1979).

Pihlblad and Adams (1972) also found that life satisfaction was more closely related with association with friends than with association with children and relatives. In sum, adult children are perceived as generally very helpful when widows were first trying to build a new lives for themselves. Beyond this point, successful adaptation of the widow required some broadening of support systems to include other relationships.

Kin Groups. The older widow's extended family network (siblings, nieces or nephews, or grandchildren) are found to offer insignificant support to her (Lopata 1979). Even if they exist as potential resources or contributors, the life-style of American urban women makes continuous contact and exchanges of supports difficult during the busy marital and parental stages. Even if the widow maintains some type of contact, such as by telephone or correspondence, these are not sufficiently important to be converted into support——even emotional supports (Lopata 1979). Thus, the extended family is quite inactive as a major contributor to any support systems of most of Lopata's Chicago area widows (Lopata 1979).

The role of sibling is not one of steady and consistant involvement for most of widows studied (Lopata 1970). This is partly because many have no siblings (only child, or dead), partly because geographical distance, and partly because of the American emphasis upon the family of procreation with somewhat less emphasis placed on obligations to parents and siblings. However, Lopata (1979) found that unlike friendships, relationships with relatives such as siblings do not necessarily become weakened by inactivity. This resource or support may become operative when needed because there is, as mentioned, a flow of contact with siblings and some feelings of identification (Lopata 1970). However,

class differences have been observed with upper status widows having more regularized contacts with siblings (Lopata 1970).

Several researchers have observed that family interactions decline after widowhood (Pihlblad and Adams 1972). Matthews (1979a) questions the true quality of the nature of the family relationships for elderly widows. She indicated that perhaps "the time has come to investigate successful methods of gaining 'moral support' from relationships (beyond the family) and to promote them rather than assuming that the family is the most appropriate source of such support" (1979, p. 136).

Friends and Neighbors. Lopata (1979) identified four types of friendship patterns of the elderly widow. 1) The "friendless widow" who claims to have no friends. These widows are simply not oriented toward such relationships, may feel discouraged from previous unsuccessful attempts, and may define former associates as never having been "true" friends (Weiss 1973). 2) The "casually interactive widow" is typically of middle and upper class and is not very active in "the polite companionship" interaction. Usually, there are friends but they are not included in her emotional supports. 3) The third type is the "polite companionship widow" who meets socially with her friends. However, she does not include such associates in her primary emotional support system ahead of her family. 4) The fourth type is the "widow in multifaceted friendships." They list at least one friend, usually more, with whom they meet frequently. These friends contribute to the emotional support system of the widow as confidant and comforter and by providing her with positive self-feelings.

another" (Matthews 1979a, p. 89). As we shall see the development of such neighborhood support (and educational) networks is suggested by Lopata (1979) as a way to reach individuals needing supportive services and as a means of lessening the isolation of the nuclear family.

Community Support System. Other people and groups, co-workers, co-members of voluntary associations, including churches or synagogues, are also relatively underrepresented in the overall support system of aging widows. Few women turn to societal associates for help, except in the case of the Social Security Administration which is generally evaluated as helpful (Lopata 1979). Unfortunately, despite the few successful intervention and education efforts in aiding the widows, there is a general consensus from recent evidence about the inadequacy of the group social supports. Lopata (1979) reports the absence of the helping professions and groups in supporting widowhood. Even ministers, priests or rabbis who are supposedly capable of providing expected and needed help are mentioned rarely by her samples as helpful resources. The failure of community resources in providing support for widows results in their dependence upon children and friends, or in leading relatively unsupported lives if such resources are not available (Lopata, 1979).

Intervention and Educational Implications

The above review of the support systems of aging widows indicates the general lack of support for substantial numbers of aging widows whose economic, educational, and social condition warrants concern. It should be noted, however, that there are older widows whose personal and social characteristics have enabled them to successfully adapt and who, therefore, may easily fit into current scheme of social and educational programs.

What is possible to change? Morgan (1976) asserted that intervention should be focused on the sources of difficulty that are amenable to change. For instance, lower morale associated with the widowed may be partly attributable to factors such as poor health, low income, age, reduced family interactions, and unemployment, rather than the role of widowhood per se. Thus, if financial difficulties or health problems are a prime focus, then intervention strategies should be directed, where possible, to alleviate these difficulties rather than toward a category of individuals who have lost roles but who may or may not suffer from these problems.

Furthermore, Morgan (1976) questions the value of work, as currently organized, as a viable option for widows as a source of economic support and a possible replacement for the lost role of wife. There are 1) First, non-working widows may face tough competition within the labor market due to the continued discrimination against women, especially those who are older, and due to the possible lack of marketable skills. 2) Second, work would appear to become a less viable option because of the earnings penalties associated with retirement. Morgan (1976) argues that "if we as the society feel the need to provide defined options for the reinvolvement of both men and women experiencing role losses in later life, it appears that we must begin to look beyond the traditional work role" (p. 586). Although Morgan does not indicate what such alternative roles might be, it is not hard to envision at least two minimal proposals involving the elimination of earnings penalties for older widows and the modification of traditional work roles to include greater part-time work opportunities.

Reciprocity and self-concept. Another intervention strategy involves the change of the widow's image as valueless old person. Matthews (1979) proposes "reciprocity" in widow's relationship with others. That is, she is giving as well as receiving. Valuable relationships among people are, ideally, mutually rewarding to all parties. One way to maintain this belief in reciprocity is for the old woman to feel that she is now getting a return on an investment she made in the past. Failure to maintain reciprocal relationship may lead to ambivalence about the desirability of continuing the relationship.

Feminist philosophy. In addition, Lopata (1979) indicated that feminist awareness could help to provide a nurturant setting for the study of widows, since the focus departs from a social role framework to center instead on social support systems that aid reintegration of widowed women into the community and the broader society. As Conroy (1977) suggests, the possible contribution of the women's liberation movement would be in providing an emphasis on the identity and role of women aside from that which they had with their deceased husband. He indicates that "if this occurred, the loss (of the spouse) would be more easily dealt with, and the woman would have her own identity as a person in our society" (p. 359).

Education on death and widowhood. It has been said that the hardest part of a family-related death is the living that must go on afterwards. The loss of a spouse is unquestionably traumatic, initiating or accompanying a host of changes in the lives of the survivors. Two basic elements of this transition process involve the "letting go" of ties to the deceased spouse and the re-creation of a reality involving a new self identity as a partnerless person (Lopata 1975; Hiltz 1977). The

emotional and psychological difficulties involved in grief and mourning are quite substantial and often poorly understood. Prevailing social norms eschewing the display of grief or unhappiness are recognized as impediments to the adjustment process (Lopata 1980). While many people may have difficulty with the idea of death itself and thus feel uncomfortable with widows, others who may like to help feel they don't know how. However, Toth (1980) and Rogers (1980) indicate some movement to educate at least selected professionals in fields such as nursing and employment counseling as to how to best recognize and meet the unique needs of the newly widowed. Such programs represent an important part of a total educational strategy for helping widows.

Organized intervention programs. Organizations geared to providing support for widows have met with varying degrees of success and have lead to insights not only regarding the transition experience for widows, but also on the optimum role for professionals in assisting them. The problems of widowhood which are addressed by social service and educational agencies may be divided into two primary categories. In the first place, there are the emotional and psychological difficulties associated with grief and mourning. Once the widow works through her grief and mourning, a second type of problem emerges——building a new life, new relationships, and a new identity (Hiltz, 1977).

Silverman (1974) experimented with the Widow-to-Widow Program, where new widows in the Boston area were contacted by widow volunteers and offered help, understanding and a role model. The role of the professional in the project was seen as a facilitator of mutual help in an activity run by the widowed for the widowed. One of Silverman's concerns was that widows avoided contact with agencies because of an

expected stigma attached to their status. Her widow-to-widow program has become a classic in self-help intervention strategies which encourage self-help through prior interactions (Silverman and Cooperband, 1975).

Silverman's use of the self-help principle appears to have anticipated the future direction of many current social service programs (Schiamberg and Smith, 1982). The role of the professional in the Widow-to-Widow Program was seen as a facilitator of mutual help in an activity run by the widowed for the widowed. Silverman described this role as follows:

> "At the very outset, I decided that, in order for our program with its special involvement. . .to move toward self-help, I would have to define a special circumscribed role for myself. I knew that the tendency of a professional would be to take charge, run the show, and provide detailed direction as far as helping is concerned. If I did this, I would be setting up a professional agency, with the so-called 'non-professional' in a subordinate role. . .Since I was convinced that the widowed knew best how to help each other, I decided I could not tell any of the aides how to do their jobs. . .From their own successes and even failures, they bring a wealth of experience which they apply to helping others. This is the essence of such helping; from one's own life experience, one brings new perspective, hope and understanding" (Silverman, 1974, p. 128).

In contrast, the Widow's Consultation Center of New York (Hiltz 1977), originally financed by the Prudential Insurance Company of America, was staffed by professional social workers and served as a center where widows could come for professional help with their financial, legal, and emotional problems. It was intended to be a place where they could socialize with other widows and begin the process of rebuilding their lives. Hiltz (1977) makes a case for a formal community agency, particularly in large communities, to help widows with their problems. Initial evaluation of the program (Hiltz 1977), indicated

problems in attracting widows who would or could come to such a center. In light of these limitations, Hiltz (1977) modified her position indicating that the problems of widows could also be met through special services which reached out to widows within larger purpose organizations (e.g. senior citizen programs, women's centers, or family counseling centers).

Neither of these two programs was long lasting. The Widow-to-Widow's project served for 2½ years and the WCC lasted for 5 years. Lopata (1979) speculated on possible reasons why such organizations collapse after a rather brief existence.

> One reason is that pilot projects funded as a one-shot arrangement are likely to be structured in a way which precludes a shift in grounds in order to obtain different funding resources. All organizational effort can easily be directed toward setting up procedures and demonstrating success with clients and the need for different forms of funding may be pushed into the background until too late. A second reason. . . for the lack of economic support for such groups from the community may be the same one which neglected the population they serve in the first place. For example, widows had formed an invisible minority before the Widow-to-Widow program or the Widow's Consultation Center were formed, and the communities would need to rearrange priorities to support groups created to serve them now. ...Another factor is the staffing of such services, which tends to be either professional or volunteer, neither set having the experience of budgeting and raising funds. Finally, people interested in forming self-help or professional aid groups may work themselves out of the need to continue such efforts without providing replacements in the form of new leaders. (Lopata 1978)

One organization that seems to have successfully accomplished the transition from short-term pilot project to permanent organization is the Community Contacts for the Widowed in Toronto, Canada (Rogers, et al. 1980). Begun in 1976, this outreach program continues to combine widows as contacts with training specific to helping processes. Taking the

advice of the widow contacts (contrary to the expectations of the professionals who expected "help" to be most needed in early widowhood) support is available to widows for the first three years of widowhood. Most normal and relatively intense grief reactions take two years or more for resolution (Vachon, et al., 1980).

This Canadian program is quite similar to the strategy proposed by Lopata (1979). Lopata suggested that the "ideal" solution to the many problems of widows would be the creation of neighborhood networks in large cities and community networks in less densely populated areas. These networks would be coordinated by a few paid volunteers who would work out of a communmity mental health center, church, school, private agency, or a federal agency such as the Social Security Administration. The primary function of the volunteer would be as a "gatekeeper" or link between the widow and available social resources. The network would be composed of several basic elements including a "hot line" for dealing with immediate problems, a widow information service that would connect the widow with already existing volunteer services, and consistent contact of the widow with trained volunteers (see Table 2).

Table 2. Tasks of a Volunteer Coordinator*

Become a Resource Expert	Develop Neighborhood Networks	Bring Widows into Neighborhood Networks
1. Investigate all the resources of a given neighborhood, or community that could be used for reengagement by older women (e.g. government agencies, churches, voluntary organization).	1. Contact local organizations and help them form committees of volunteers to work with the network coordinator to	1. Keep an active file of all women who may need acute problem help (e.g. recently widowed, trying to find work).
2. Investigate the major resources of the larger community including employment agencies and jobs available for women, transportation systems, organized educational programs, etc.	2. Coordinate the volunteer committees of the various organizations in the neighborhood.	2. Keep on active file women with chronic problems.
3. Learn the lines of connection to special problem-solving agencies (e.g. legal, financial, health, etc.).		3. Assign members of committees from organizations who form the network to each new acute problem case to ensure continued, regular contact with both acute and chronic cases; follow-up, those who drop out of the network to prevent neglect.

*Based on H.Z. Lopata, Women As Widows. New York: Elsevier North Holland, Inc., 1979, p. 355-6.

Conclusions and recommendations. The above review of the support systems of aging widows and the selected intervention/education programs leads to several major recommendatons based on the problems peculiar to aged widows.

1) The lack of understanding of the general situation of aged widows. This problem is best addressed through an ecological perspective to the study of older adults and aged widows in particular (Schlamberg and Smith 1982). The essential feature of this perspective include the following emphasis:

   a) The dynamic interaction between the individual (of whatever age or status) and the significant contexts of support systems which constitute his/her environment. Widowhood can, therefore, be viewed as an interactive system in which the widow or widower reorganizes a self-identity in relation to the significant contexts of life (e.g. family, neighbors, friends, work, etc.). The relationship is mutual and dynamic.

   b) Later adulthood, like other periods of life, involves opportunities for self determination. In the case of older widows, individual adaptation requires the learning of new modes and organized patterns of living in maintaining or reestablishing relations with other people or adjusting to limited economic resources.

   c) The manifestations of aging, and widowhood in particular are not only psychological (involving strain, stress, and grief) but are social and ecological as well. That is, many of the changes which occur in the life of a widow including the

loss of a spouse, limited access to employment, and so on may induce many of the apparent symptoms of helplessness, lack of motivation, and inability to cope which may be attributed to older people in general or to widows, in particular.

d) The older adult and widow like other individuals at all ages is a self-controlled system. While the level and scope of this self-control may be reduced somewhat by the biological and social changes which accompany aging, in no sense is it eliminated.

2) The lack of self-help groups concerned with many of the common problems of older widows (economic, social, and personal). The notion of self-help derives directly from the ecological principles that later adulthood involves opportunities for self determination and that older adults will, under normal circumstances, exercise and prefer competence to helplessness.

There is a widespread social misconception that the process of aging inevitable results in older persons being unable to care for themselves or act in a competent fashion (Langer 1980; Langer and Rodin 1976). This belief or myth actively erodes the strengths of the elderly in a way that may lead to overdependence on families and other support institutions long before such dependence is even necessary. It is vital to replace this misconception with a more realistic understanding of the independence and self-sufficiency still available to older adults (and elderly widows) particularly through self-help activities (Borkman 1982).

The types of self-help group proposed by Lopata and carried out in Community Contacts for the Widowed, in Canada, (Rogers, et al., 1980) help older widows deal with many of the major problems of their situation, including:

a) The inability to earn an adequate income, the high liklihood of being in poverty, and the absence of information about part-time jobs.

b) Ageism or the stereotying of older adults.

c) Inadequate background for jobs or social interction resulting from historical sex-biased limitations imposed on women.

d) Inadequate facilities in many communities for contact with peers.

e) The fear of rejection resulting in the decreased probability of using existing resources.

f) The need for companionship due to loneliness and helping to eliminate the erroneous assumption that intimacy and sexuality cease at age 65.

g) Lack of information about nutrition, housing, medical care, and general problems of living.

h) Lack of contacts and "hot lines" particularly in the case of emergencies.

In summary, the challenge for educators of older widows is indeed a complex and difficult one. The simple transmission of knowledge and information for its own sake (humanistic learning) or the teaching of vocational or life skill courses (e.g. home repair, financial management,

or physical fitness are all complicated by cohort factors of aging widows. Obviously, the aged widow of 70 in 1984 was likely socialized in her sex role some 55-60 years in the 1920s. Perhaps the three most useful ideas in addressing her needs as well as those of future widows are

1) An ecological perspective - which places the widow in context.
2) The self-help approach which allows widows to organize their lives with the help of those who may understand them best - other widows.
3) Education professionals who can work in the context of self-help as a vital teaching unit.

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